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**DATE: JULY 30, 2007** 

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FROM: John P. Blasko, Esq.	PHONE NUMBER (609) 895-6639	BILLING NUMBER: 1149							
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NOTES/COMMENTS:		- <del>-</del>							
U.S. Patent Serial No. 10/ for Whitening Teeth"	717,226; filed Novemb	er 19, 2003; Ji-	Young et al.; for "A	apparatus and Method					
<ol> <li>Transmittal (1 page);</li> <li>Fee Transmittal (1 pag</li> <li>Petition for Extension</li> <li>Information Disclosure</li> <li>PTO-1449 For n (1 pag</li> <li>Document listed on ID</li> <li>Response under 37 CF</li> </ol>	of Time (1 page); e Statement (1 page); ge); eS (9 pages); and			÷					

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Date

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Cheryl L. Powell

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John C. Blask

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			Complete if Known				1
Fees pursuant to the Consolida			Application Number	10/717,	226		h-11/
FEE IR	ANS	MITTAL	Filing Date	Novemb	per 19, 2003		CEIVED
For FY 2006		First Named Invento	r Ji-Youn	g Kim		FAX CENTER	
		Examiner Name	Roberts	, Lezah	JUL	3 0 2007	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1614			1	
TOTAL AMOUNT OF PAYE	MENT (\$)	400.00	Attorney Docket No.	39894.0	00601		<u>'</u>
METHOD OF PAYMENT	(check all	that apply)					
Check Credit C	Card 1	Money Order No	ne Other (pleas	identify):			
Deposit Account D	eposit Accoun	t Number: 50-1943	Deposit Accoun	Name: Fox	Rothschild I	LLP	ļ
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under 37 CFF WARNING: Information on this	1 18 and 1	17				e credit card	
Information and authorication	on PTO-2 <u>038</u>						į
FEE CALCULATION (A			filing or may be sub	ject to a s	urcharge.)		
1. BASIC FILING, 3EAR	CH, AND	EXAMINATION FEES	חבט בכבפ בי	CAMINATIC	N EEEC		
	FILING	FEES SEA Small Entity	RCH FEES EX Small Entity		IL Entity		•
Application Type	Fee (\$)	Fee (\$) Fee		<del>60 (\$)</del> F	99 (\$)	Fees Paid (\$)	
Utility	300	150 500		_	.00		·
Design	200	100 100	•	130	65 -		
Plant	200	100 300		160	80 -		
Reissue	300	150 500		_	100		
Provisional	200	100 0	0	0	0 -	-U F-Mb.	
2. EXCESS CLAIM FEE	S					all Entity Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent cla			200	100			
Multiple dependent co	ee Pald (\$)		360 Multiple Depen	180 Ident Claims			
59 + 20 or +P =	Extra Clair 61	ms <u>Fee(\$}</u> =		•	Fee (\$)	Fee Paid (\$)	
HP = highest number of total		-	o Dold (E)	_			
Indep, Claims 63 or H2 =	Extra Clalı		ee Paid (\$) 400.00				
HP = highest number of indep	endent claim						
3. APPLICATION SIZE ( If the specification and	FEE drawines	exceed 100 sheets of p	aner (excluding elec	ronically f	iled sequence	or computer	
listings under 37 Cl	FR 1.52(e)	), the application size	ee due is \$250 (\$125)	for small	entity) for each	h additional 50	
Total Sheets	ereof. See Extra She		ich additional 50 or fr	iction there		Fee Paid (\$)	
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		130 fee (no small entit	y discount)			Fees Paid (\$)	
Other (e.g., late filing	g surcharge	e):					]
SUBMITTED BY		<b>&gt;</b>					7
Signature	1172	AA	Registration No. 31	149	Telephone 60	09-895-6639	

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(Attorney/Agent)

31,149

Date July 30, 2007